



**GULF COUNTY, FLORIDA  
BUILDING DEPARTMENT**

1000 CECIL G. COSTIN, SR, BLVD., ROOM 305 \* PORT ST. JOE, FLORIDA 32456 \* PHONE (850) 229-8944 \* FAX (850) 229-7873

**ACCESSORY STRUCTURE PERMIT APPLICATION**

DATE: \_\_\_\_\_

TYPE OF STRUCTURE(S):

POLE BARN: \_\_\_\_\_

CARPORT: \_\_\_\_\_

GARAGE: \_\_\_\_\_

SHED: \_\_\_\_\_

OTHER (EXPLAIN): \_\_\_\_\_

PROPERTY OWNER(S) NAME: \_\_\_\_\_

CONSTRUCTION ADDRESS: \_\_\_\_\_

PARCEL I.D. NUMBER: \_\_\_\_\_

CONTRACTOR: \_\_\_\_\_

CONTRACTOR(S) LICENSE NUMBER: \_\_\_\_\_

**ITEMS REQUIRED FOR PERMITTING:**

- (1) SITE PLAN SHOWING ALL EXISTING STRUCTURE(S)
- (2) PROPOSED STRUCTURE DISTANCE TO ALL PROPERTY LINES

**NOTE:** ITEMS **MUST** BE ATTACHED TO THIS APPLICATION WHEN SUBMITTING FOR A PERMIT.

**"DECLARATION STATEMENT"**

I DO HEREBY AGREE TO COMPLY WITH ALL LOCAL AND STATE REGULATIONS IN CONSTRUCTING THE ABOVE DESCRIBED STRUCTURE(S). UPON COMPLETION OF STRUCTURE(S) I WILL PROVIDE ANY DOCUMENTS REQUESTED BY THE GULF COUNTY BUILDING DEPARTMENT IN ORDER TO ASSURE COMPLIANCE.

PRINTED NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

3/16/2010